

Documents needed for Workers Comp:

Tax ID #/letter

\$0 balance letter if had WC in the past

Driver license or ID

Fax: 888-959-0340

Name of owner:

Cell:

Business name:

Email:

Address:

Tax ID #:

Entity: LLC/ Sole Proprietor/Corp

Describe services:

Annual gross sales:

Payroll:

#of employees:

Describe employee positions:

of claims or open cases:(if so please explain situation)

In what states do you work:(circle ones that apply) NJ / NY / PA / CT

***Note: Workers comp quote is only for state of New Jersey. Every state requires their own Workers Comp.**

